

THURS aft. or FRIa.m.

State of Misconsin 2007 - 2008 LEGISLATURE



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PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

SRV



AN ACT to repeal 51.30 (4) (b) 8g. a., 51.30 (4) (b) 8g. b., 146.82 (2) (b), 146.82 (2)

(d) and 146.82 (3) (c); to renumber and amend 51.30 (4) (b) 8g. (intro.); to

amend 71.07 (5i) (b), 146.81 (4) and 655.275 (8); and to create 51.30 (4) (b) 8g.

am., 146.81 (1g), 146.82 (4) and 146.82 (5) of the statutes; relating to:

treatment records and patient health care records.



MSCRI

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This is a preliminary draft. An analysis will be provided on a subsequent version,

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 51.30 (4) (b) 8g. (intro.) of the statutes is renumbered 51.30 (4) (b) 8g. bm. and amended to read:

8 51.30 (4) (b) 8g. bm. To health care providers in a related health care entity, a

health care provider or to any person acting under the supervision of such a health

2007 - 2008 Legislature -2-DAK:cjs:pg uelonueuta SECTION 1 test results son drug care provider, who is involved with an individual's care, if necessary for the current 1 2 treatment of the individual. Information that may be released under this 3 subdivision is limited to the individual's name, address, and date of birth; the name of the individual's mental health treatment provider, the date of mental health service provided; the individual's medications, allergies, and diagnosis, diagnostic 5 evaluations, and symptoms; and other relevant demographic information necessary 6 for the current treatment of the individual. In this subdivision, "related health care 7 test 8 entity" means one of the following: resulta 9 **SECTION 2.** 51.30 (4) (b) 8g. a. of the statutes is repealed. 10 **Section 3.** 51.30 (4) (b) 8g. am. of the statutes is created to read: (11)51.30 (4) (b) 8g. am. In this subdivision, "diagnostic evaluation" means the 12)results of clinical testing of biological parameters such as laboratory values. 13radiology tests, and electroencephalograms. "Diagnostic evaluation" does not mean 14 the results of psychological or neuropsychological testing, such as intelligence 15 quotient or personality testing. 16 **Section 4.** 51.30 (4) (b) 8g. b. of the statutes is repealed. 17 **SECTION 5.** 146.81 (1g) of the statutes is created to read: 18 146.81 (1g) "Health information" has the meaning given in 45 CFR 160.103. 19 **Section 6.** 146.81 (4) of the statutes is amended to read: 20 146.81 (4) "Patient health care records" means all records related to the health 21 of a patient prepared by or under the supervision of a health care provider, including 22the records required under s. 146.82 (2) (d) and (3) (c), but not those records subject 23to s. 51.30, reports collected under s. 69.186, records of tests administered under s. 24252.15 (2) (a) 7., 343.305, 938.296 (4) or (5) or 968.38 (4) or (5), records related to sales of pseudoephedrine products, as defined in s. 961.01 (20c), that are maintained by 25

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1 pharmacies under s. 961.235, fetal monitor tracings, as defined under s. 146.817 (1), 2 or a pupil's physical health records maintained by a school under s. 118.125. "Patient 3 health care records" also includes health summary forms prepared under s. 302.388 (2).4 **Section 7.** 146.82 (2) (b) of the statutes is repealed. **SECTION 8.** 146.82 (2) (d) of the statutes is repealed. 6 7 **Section 9.** 146.82 (3) (c) of the statutes is repealed. 8 **Section 10.** 146.82 (4) of the statutes is created to read: 9 146.82 (4) Release of health information to certain persons. (a) In this 10 subsection: INSERT "Immediate family" has the meaning given in s. 350.01 (8m). $\langle 11 \rangle$ 12 "Incapacitated" has the meaning given in s. 50.94 (1) (b). 13 (b) Notwithstanding sub. (1), if a patient is incapacitated or is not present, or 14 if an emergency makes obtaining the patient's informed consent impracticable, and 15 if a health care provider determines, in the exercise of his or her professional 16 judgment, that release of the patient's health information is in the best interest of the patient, the health care provider may release portion of the health information, 17 18 but not copies of the patient's patient health care records, as follows: 19 a member of the patient's immediate family, another relative of the 20 patient, a close personal friend of the patient, or an individual identified by the 21patient, those portions of the patient's health information that are directly relevant 22 to the involvement by the member, relative, friend, or individual in the patient's care. To any person, those portions of the patient's health information that are (23)

necessary to identify, locate, or notify a member of the patient's immediate family or

1	another person that is responsible for the care of the patient concerning the patient's
2	location, general condition, or death.
3	Section 11. 146.82 (5) of the statutes is created to read:
4	146.82 (5) Redisclosure. (a) In this subsection, "covered entity" has the
5	meaning given in 45 CFR 160.103. [and except as provided in 5.
6	(b) Notwithstanding sub. (1), a covered entity may redisclose a patient's health
7	information it receives under this section without consent by the patient or person
8	authorized by the patient if the redisclosure is made for a purpose for which a release
9	of health information is otherwise permitted under this section.
10	(c) Notwithstanding sub. (1), an entity that is not a covered entity may
11)	redisclose a patient's health information it receives under this section only under one
12	of the following circumstances: Ecare record informed
13)	1. The patient or a person authorized by the patient provides written consent
14	for the redisclosure.
15	2. A court orders the redisclosure.
16	3. The redisclosure is limited to the purpose for which the patients health
17	information was initially received.
18	Section 12. 655.275 (8) of the statutes is amended to read:
19	655.275 (8) Patient records. The council may obtain any information relating
20	to any claim it reviews under this section that is in the possession of the
21	commissioner or the board of governors. The council shall keep patient health care
22	information confidential as required by s. 146.82 (2) (b) (5) (c).
23	vecords (END)

2007-2008 DRAFTING INSERT FROM THE LEGISLATIVE REFERENCE BUREAU

of entity

INSERT A

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Under current law, certain records related to the health of a patient that are prepared by or under the supervision of a health care provider (patient health care records) are confidential and may be released only with the written consent of the patient or of a person authorized by the patient. This consent (informed consent) must detail/the patient's name; the type of information to be disclosed; the types of health care providers making the disclosure; the purpose of the disclosure; the individual/to which disclosure may be made; the patient's signature or that of the person authorized by the patient; the date of signature; and the time period during which the consent is effective. Current law has numerous exceptions to the confidentiality requirements that permit access to patient health care records without the informed consent of the patient or of a person authorized by the patient. A health care provider must record the name of the person or agency that receives access, the date and time of the release, and the identification of the patient health care recordireleased. However, redisclosure of information obtained under one of the exceptions is prohibited, unless authorized by a court or under an insurance transaction that authorizes the disclosure of personal medical information about an (Lemistro individual to an insurer.

This bill eliminates current restrictions on redisclosure of a patient's health care record that is obtained under one of the exceptions to the requirements of confidentiality. The bill, instead, authorizes the redisclosure of a patient's patient health care record, if made by a covered entity (as defined in the bill) for a purpose for which a release is otherwise permitted. The bill authorizes an entity that is not a covered entity to redisclose a patient's patient health care record only if the patient or a person authorized by the patient provides written consent, a court orders the redisclosure, or the redisclosure is limited to the purpose for which the patient health care record was initially received.

The bill permits a health care provider to release, without informed consent, some of a patient's health care information, but not the patient's patient health care record, as follows:

- 1. If the patient or a person authorized by the patient is not incapacitated, is physically available, and agrees to the release, to anyone.
- 2. If the patient and the person authorized by the patient are incapacitated or not physically available or if an emergency makes it impracticable to obtain agreement from the patient or person, and if the health care provider determines that release is in the best interest of the patient, to (1) a member of the patient's immediate family, another relative, a close personal friend, or an individual identified by the patient, that health care information that is directly relevant to involvement by the person in the patient's care; or (2) any person, if necessary to identify, locate, or notify a member of the patient's immediate family or another person concerning the patient's location, general condition, or death.

Under current law, records that are created in the course of providing services to individuals for mental illness, developmental disabilities, alcoholism, or drug dependence (treatment records) are confidential and may be released only with the informed consent of the individual. The requirements for the informed consent are similar to the informed consent requirements for patient health care records. However, the confidentiality requirements for treatment records have numerous exceptions that permit access without informed consent. One of these exceptions is for release of treatment records to a health care provider in a related health care entity, or any person acting under the supervision of the health care provider, who is involved with the individual's care, if necessary for the individual's current treatment. Information that may be released under this exception is limited to the individual's name, address and date of birth; the individual's treatment provider; the date of service provided; the individual's medications, allergies, and diagnosis; and other relevant demographic information necessary for the individual's current treatment.

This bill changes the exception to the confidentiality requirements for treatment records to allow access by any health care provider or person acting under the supervision of the health care provider, who is involved with an individual's care, if necessary for the individual's current treatment. The bill expands information that may be released under the exception to include diagnostic test results, as defined in the bill, and symptoms.

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1. "Health information" has the meaning given in 45 CFR 160.103.

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INSERT 3-18

- (b) Notwithstanding sub. (1), a health care provider may release a portion of a patient's health information, but not copies of the patient's patient health care record to the following, under the following circumstances:
- 1. To any person, if the patient or a person authorized by the patient is not incapacitated, is physically available, and agrees to the release of the patient's health information.
- 2. To the following, as applicable, if the patient and person authorized by the patient are incapacitated or are not physically available, or if an emergency makes it impracticable to obtain an agreement from the patient or from the person authorized by the patient, and if the health care provider determines, in the exercise

- of his or her professional judgment, that release of the patient's health information
- 2 is in the best interest of the patient:

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DRAFTER'S NOTE FROM THE LEGISLATIVE REFERENCE BUREAU

To Cheryl McIlquham and Kathy Farnsworth:

- 1. After consulting with Beth DeLair, I changed "written consent" under s. 146.82 (5) (c) 1. to "informed consent".
- 2. After thinking about it, I deleted the additional exception from the confidentiality requirements that we had discussed making for the injured patients and families compensation fund peer review council under s. 655.275 (8), stats. After rereading that subsection, I believe that the council has obtained the patient health care records as a redisclosure from the commissioner of insurance or the board of governors (which would be able to have access under s. 146.82 (2) (a) 5., stats.), and could redisclose it under s. 146.82 (2) (b), stats. (repealed by the bill) or s. 146.82 (5) (created by the bill). I consulted with Beth DeLair concerning this change, and she agreed.
- 3. I reconfigured s. 146.82 (4) (b), to make it easier to understand. Please review.

Debora A. Kennedy Managing Attorney Phone: (608) 266-0137

Filone. (000) 200-0131

E-mail: debora.kennedy@legis.wisconsin.gov

DRAFTER'S NOTE FROM THE LEGISLATIVE REFERENCE BUREAU

LRB-3672/1dn DAK:cjs:jf

January 18, 2008

To Cheryl McIlquham and Kathy Farnsworth:

- 1. After consulting with Beth DeLair, I changed "written consent" under s. 146.82 (5) (c) 1. to "informed consent."
- 2. After thinking about it, I deleted the additional exception from the confidentiality requirements that we had discussed making for the injured patients and families compensation fund peer review council under s. 655.275 (8), stats. After rereading that subsection, I believe that the council has obtained the patient health care records as a redisclosure from the commissioner of insurance or the board of governors (which would be able to have access under s. 146.82 (2) (a) 5., stats.), and could redisclose it under s. 146.82 (2) (b), stats., (repealed by the bill) or s. 146.82 (5) (created by the bill). I consulted with Beth DeLair concerning this change, and she agreed.
- 3. I reconfigured s. 146.82 (4) (b), to make it easier to understand. Please review.

Debora A. Kennedy Managing Attorney Phone: (608) 266-0137

E-mail: debora.kennedy@legis.wisconsin.gov

STATE OF WISCONSIN – LEGISLATIVE REFERENCE BUREAU

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Research (608–266–0341) Library (608–266–7040) Legal (608–266–3561)

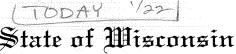
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State of Misconsin 2007 - 2008 LEGISLATURE

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2007 BILL



AN ACT to repeal 51.30 (4) (b) 8g. a., 51.30 (4) (b) 8g. b., 146.82 (2) (b), 146.82 (2) 1

(d) and 146.82 (3) (c); to renumber and amend 51.30 (4) (b) 8g. (intro.); to 2

amend 146.81 (4) and 655.275 (8); and to create 51.30 (4) (b) 8g. am., 146.82

(4) and 146.82 (5) of the statutes; relating to: treatment records and patient

health care records.

Analysis by the Legislative Reference Bureau

Under current law, certain records related to the health of a patient that are prepared by or under the supervision of a health care provider (patient health care records) are confidential and may be released only with the written consent of the patient or of a person authorized by the patient. This consent (informed consent) must detail the patient's name; the type of information to be disclosed; the types of health care providers making the disclosure; the purpose of the disclosure; the individual or entity to which disclosure may be made; the patient's signature or that of the person authorized by the patient; the date of signature; and the time period during which the consent is effective. Current law has numerous exceptions to the confidentiality requirements that permit access to patient health care records without the informed consent of the patient or of a person authorized by the patient. A health care provider must record the name of the person or agency that receives access, the date and time of the release, and the identification of the patient health care records released. However, redisclosure of information obtained under one of the exceptions is prohibited, unless authorized by a court or under an insurance

transaction that authorizes the disclosure of personal medical information about an individual to an insurer.

This bill eliminates current restrictions on redisclosure of a patient's patient health care record that is obtained under one of the exceptions to the requirements of confidentiality. The bill, instead, authorizes the redisclosure of a patient's patient health care record, if made by a covered entity (as defined in the bill) for a purpose for which a release is otherwise permitted. The bill authorizes an entity that is not a covered entity to redisclose a patient's patient health care record only if the patient or a person authorized by the patient provides informed consent, a court orders the redisclosure, or the redisclosure is limited to the purpose for which the patient health care record was initially received.

The bill permits a health care provider to release, without informed consent, some of a patient's health care information, but not the patient's patient health care record, as follows:

- 1. If the patient or a person authorized by the patient is not incapacitated, is physically available, and agrees to the release, to anyone.
- 2. If the patient and the person authorized by the patient are incapacitated or not physically available or if an emergency makes it impracticable to obtain agreement from the patient or person, and if the health care provider determines that release is in the best interest of the patient, to (1) a member of the patient's immediate family, another relative, a close personal friend, or an individual identified by the patient, that health care information that is directly relevant to involvement by the person in the patient's care; or (2) any person, if necessary to identify, locate, or notify a member of the patient's immediate family or another person concerning the patient's location, general condition, or death.

Under current law, records that are created in the course of providing services to individuals for mental illness, developmental disabilities, alcoholism, or drug dependence (treatment records) are confidential and may be released only with the informed consent of the individual. The requirements for the informed consent are similar to the informed consent requirements for patient health care records. However, the confidentiality requirements for treatment records have numerous exceptions that permit access without informed consent. One of these exceptions is for release of treatment records to a health care provider in a related health care entity, or any person acting under the supervision of the health care provider, who is involved with the individual's care, if necessary for the individual's current treatment. Information that may be released under this exception is limited to the individual's name, address and date of birth; the individual's treatment provider; the date of service provided; the individual's medications, allergies, and diagnosis; and other relevant demographic information necessary for the individual's current treatment.

This bill changes the exception to the confidentiality requirements for treatment records to allow access by any health care provider or person acting under the supervision of the health care provider, who is involved with an individual's care, if necessary for the individual's current treatment. The bill expands information

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that may be released under the exception to include diagnostic test results, as defined in the bill, and symptoms.

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

Section 1. 51.30 (4) (b) 8g. (intro.) of the statutes is renumbered 51.30 (4) (b) 8g. bm. and amended to read:

51.30 (4) (b) 8g. bm. To health care providers in a related health care entity, a health care provider or to any person acting under the supervision of such a the health care provider, who is involved with an individual's care, if necessary for the current treatment of the individual. Information that may be released under this subdivision is limited to the individual's name, address, and date of birth; the name of the individual's mental health treatment provider of services for mental illness, developmental disability, alcoholism, or drug dependence; the date of mental health service any of those services provided; the individual's medications, allergies, and diagnosis, diagnostic test results, and symptoms; and other relevant demographic information necessary for the current treatment of the individual. In this subdivision, "related health care entity" means one of the following:

SECTION 2. 51.30 (4) (b) 8g. a. of the statutes is repealed.

Section 3. 51.30(4)(b) 8g. am. of the statutes is created to read:

51.30 (4) (b) 8g. am. In this subdivision, "diagnostic test results" means the results of clinical testing of biological parameters, but does not mean the results of psychological or neuropsychological testing.

SECTION 4. 51.30 (4) (b) 8g. b. of the statutes is repealed.

SECTION 5. 146.81 (4) of the statutes is amended to read:

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SECTION 5

146.81 (4) "Patient health care records" means all records related to the health
of a patient prepared by or under the supervision of a health care provider, including
the records required under s. 146.82 (2) (d) and (3) (c), but not those records subject
to s. 51.30 , reports collected under s. 69.186 , records of tests administered under s.
252.15(2)(a)7., 343.305, 938.296(4)or(5)or968.38(4)or(5), recordsrelatedtosales
of pseudoephedrine products, as defined in s. 961.01 (20c), that are maintained by
pharmacies under s. 961.235, fetal monitor tracings, as defined under s. 146.817 (1),
or a pupil's physical health records maintained by a school under s. 118.125 . "Patient
$health\ care\ records"\ also\ includes\ health\ summary\ forms\ prepared\ under\ s.\ 302.388$
(2).

- **Section 6.** 146.82 (2) (b) of the statutes is repealed. 11
- 12 **SECTION 7.** 146.82 (2) (d) of the statutes is repealed.
- 13 **SECTION 8.** 146.82 (3) (c) of the statutes is repealed.
- 14 **Section 9.** 146.82 (4) of the statutes is created to read:
- 15 146.82 (4) Release of health information to certain persons. (a) In this subsection: 16
 - 1. "Health information" has the meaning given in 45 CFR 160.103.
 - 2. "Immediate family" has the meaning given in s. 350.01 (8m).
 - 3. "Incapacitated" has the meaning given in s. 50.94 (1) (b).
 - (b) Notwithstanding sub. (1), a health care provider may release a portion of a patient's health information, but not copies of any of the patient's patient health care records, to the following, under the following circumstances:
 - 1. Any person, if the patient or a person authorized by the patient is not incapacitated, is physically available, and agrees to the release of the patient's health information.

- 2. Any of the following, as applicable, if the patient and person authorized by the patient are incapacitated or are not physically available, or if an emergency makes it impracticable to obtain an agreement from the patient or from the person authorized by the patient, and if the health care provider determines, in the exercise of his or her professional judgment, that release of the patient's health information is in the best interest of the patient:
- a. A member of the patient's immediate family, another relative of the patient, a close personal friend of the patient, or an individual identified by the patient, those portions of the patient's health information that are directly relevant to the involvement by the member, relative, friend, or individual in the patient's care.
- b. Any person, those portions of the patient's health information that are necessary to identify, locate, or notify a member of the patient's immediate family or another person that is responsible for the care of the patient concerning the patient's location, general condition, or death.

SECTION 10. 146.82 (5) of the statutes is created to read:

- 146.82 (5) REDISCLOSURE. (a) In this subsection, "covered entity" has the meaning given in 45 CFR 160.103.
- (b) Notwithstanding sub. (1) and except as provided in s. 610.70 (5), a covered entity may redisclose a patient's patient health care record it receives under this section without consent by the patient or person authorized by the patient if the redisclosure is made for a purpose for which a release of the patient health care record is otherwise permitted under this section.
- (c) Notwithstanding sub. (1), an entity that is not a covered entity may redisclose a patient's patient health care record it receives under this section only under one of the following circumstances:

1.	The patient or	a person authorized	d by the patient p	provides informed	consent
for the	redisclosure.				

- 2. A court orders the redisclosure.
- 3. The redisclosure is limited to the purpose for which the patient health care record was initially received.
 - **Section 11.** 655.275 (8) of the statutes is amended to read:
 - 655.275 (8) Patient records. The council may obtain any information relating to any claim it reviews under this section that is in the possession of the commissioner or the board of governors. The council shall keep patient health care information records confidential as required by s. 146.82 (2) (b) (5) (c).

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 In the component bar: For the action phrase, execute: create → action: → *NS: → effdate For the text, execute: create → text: → *NS: → effdateA Nonstatutory subunits are numbered automatically. Fill in the Section # or subsection # only if a "frozen" number is needed.
SECTION # Effective date.
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SECTION # • Effective dates
(#1) PA TREATMENT RECORDS. The treatment of sections 51.30(4)(b)8g. (intro.), a., am., and b.
of the statutes takes effect on the first day of the 7th month beginne afterpublication; or fameary 15 200 9; whichever is earlier.
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SECTION 94 Effective dates;
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of the statutes takes effect on

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[rev: 9/8/04 2005effdate(fm)]

Kennedy, Debora

From: Kennedy, Debora

Sent: Tuesday, February 05, 2008 8:45 AM

To: McIlquham, Cheryl J - DHFS

Subject: RE: LRB 3672/2

Whether I can draft the changes by Wednesday will depend on their complexity, when I receive them, whether I can reach people with questions, and whether I have something else to do that is a rush that takes higher priority.

Debora

----Original Message----

From: Cheryl McIlquham [mailto:McilqCJ@dhfs.state.wi.us]

Sent: Monday, February 04, 2008 5:44 PM

To: Kennedy, Debora

Cc: Farnsworth, Kathleen - DHFS; Webb, Denise B - DHFS; bdelair@meaderoach.com

Subject: LRB 3672/2

Debora,

I wanted to give you a heads up that, tomorrow, we will be requesting a series of technical changes to this draft.

Kathy Farnsworth and/or Beth DeLair will contact you around mid to late morning with the specifics.

We are anticipating that this bill draft will have an author/sponsors and be ready for jacketing on Friday of this week.

Will you be able to draft the changes by Wednesday sometime? Please advise.

Also, fyi, I will be at an offsite meeting much of the morning tomorrow and through the lunch hour. Thus, please be sure to reply to all so Kathy and Beth can stay on top of this.

Thanks so much.

Cheryl

* * * * * * * * *

Cheryl McIlquham, Director Office of Policy Initiatives and Budget Wisconsin Department of Health & Family Services 608-266-2907

STATE OF WISCONSIN – LEGISLATIVE REFERENCE BUREAU

LRB

Research (608-266-0341) Library (608-266-7040) Legal (608-266-3561)

LRB

ſ	2/5/08 Conversation (phone) wy Beth De Law
	274-1094
	Rduft 07-3672/2
	Dp.3 - put comma ofter first het care provider (l.4) + delete after 2d (l.5)
	(0.4) + delete after 2d (2.5)
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	43 p.5 l. 4 = substitute Semi-color after 'and "-
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	XB) p 5 - change Redisclosur to Revelease DAX-uncessery
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	(4) p-5, le 21+22 - doleti" is made for a group for why a release" a "otherwise"
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	+ sub "a release"
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M	- S PS remove parent = parent
	(5) p.5 2-24 - remove patient's patient V health care record " 3 DAK Manicary
1	
17	Cosp. 4, 23 - add " great"
	(5) (c) 10 - delete (5) (c) 11
	(3) 146.82 (4) changes; Cheryl wants technica
_	changes only



State of Misconsin 2007 - 2008 LEGISLATURE

DAK:cjs:pg

2007 BILL

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1 AN ACT to repeal 51.30 (4) (b) 8g. a., 51.30 (4) (b) 8g. b., 146.82 (2) (b), 146.82 (2)

2 (d) and 146.82 (3) (c); to renumber and amend 51.30 (4) (b) 8g. (intro.); to

amend 146.81 (4) and 655.275 (8); and to create 51.30 (4) (b) 8g. am., 146.82

(4) and 146.82 (5) of the statutes; relating to: treatment records and patient

health care records.

Analysis by the Legislative Reference Bureau

Under current law, certain records related to the health of a patient that are prepared by or under the supervision of a health care provider (patient health care records) are confidential and may be released only with the written consent of the patient or of a person authorized by the patient. This consent (informed consent) must detail the patient's name; the type of information to be disclosed; the types of health care providers making the disclosure; the purpose of the disclosure; the individual or entity to which disclosure may be made; the patient's signature or that of the person authorized by the patient; the date of signature; and the time period during which the consent is effective. Current law has numerous exceptions to the confidentiality requirements that permit access to patient health care records without the informed consent of the patient or of a person authorized by the patient. A health care provider must record the name of the person or agency that receives access, the date and time of the release, and the identification of the patient health care records released. However, redisclosure of information obtained under one of the exceptions is prohibited, unless authorized by a court or under an insurance

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transaction that authorizes the disclosure of personal medical information about an individual to an insurer.

This bill eliminates current restrictions on redisclosure of a patient's patient health care record that is obtained under one of the exceptions to the requirements of confidentiality. The bill, instead, authorizes the redisclosure of a patient's patient health care record, if made by a covered entity (as defined in the bill) for a purpose for which a release is otherwise permitted. The bill authorizes an entity that is not a covered entity to redisclose a patient's patient health care record only if the patient or a person authorized by the patient provides informed consent, a court orders the redisclosure, or the redisclosure is limited to the purpose for which the patient health care record was initially received.

The bill permits a health care provider to release, without informed consent, some of a patient's health care information, but not the patient's patient health care record, as follows:

- 1. If the patient or a person authorized by the patient is not incapacitated, is physically available, and agrees to the release, to anyone.
- 2. If the patient and the person authorized by the patient are incapacitated or not physically available or if an emergency makes it impracticable to obtain agreement from the patient or person, and if the health care provider determines that release is in the best interest of the patient, to (1) a member of the patient's immediate family, another relative, a close personal friend, or an individual identified by the patient, that health care information that is directly relevant to involvement by the person in the patient's care; or (2) any person, if necessary to identify, locate, or notify a member of the patient's immediate family or another person concerning the patient's location, general condition, or death.

Under current law, records that are created in the course of providing services to individuals for mental illness, developmental disabilities, alcoholism, or drug dependence (treatment records) are confidential and may be released only with the informed consent of the individual. The requirements for the informed consent are similar to the informed consent requirements for patient health care records. However, the confidentiality requirements for treatment records have numerous exceptions that permit access without informed consent. One of these exceptions is for release of treatment records to a health care provider in a related health care entity, or any person acting under the supervision of the health care provider, who is involved with the individual's care, if necessary for the individual's current treatment. Information that may be released under this exception is limited to the individual's name, address and date of birth; the individual's treatment provider; the date of service provided; the individual's medications, allergies, and diagnosis; and other relevant demographic information necessary for the individual's current treatment.

This bill changes the exception to the confidentiality requirements for treatment records to allow access by any health care provider or person acting under the supervision of the health care provider, who is involved with an individual's care, if necessary for the individual's current treatment. The bill expands information

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that may be released under the exception to include diagnostic test results, as defined in the bill, and symptoms.

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 51.30 (4) (b) 8g. (intro.) of the statutes is renumbered 51.30 (4) (b) 8g. bm. and amended to read:

bealth care provider or to any person acting under the supervision of such a the health care provider or to any person acting under the supervision of such a the health care provider, who is involved with an individual's care, if necessary for the current treatment of the individual. Information that may be released under this subdivision is limited to the individual's name, address, and date of birth; the name of the individual's mental health treatment provider of services for mental illness, developmental disability, alcoholism, or drug dependence; the date of mental health service any of those services provided; the individual's medications, allergies, and diagnosis, diagnostic test results, and symptoms; and other relevant demographic information necessary for the current treatment of the individual. In this subdivision, "related health care entity" means one of the following:

SECTION 2. 51.30 (4) (b) 8g. a. of the statutes is repealed.

SECTION 3. 51.30 (4) (b) 8g. am. of the statutes is created to read:

51.30 (4) (b) 8g. am. In this subdivision, "diagnostic test results" means the results of clinical testing of biological parameters, but does not mean the results of psychological or neuropsychological testing.

SECTION 4. 51.30 (4) (b) 8g. b. of the statutes is repealed.

SECTION 5. 146.81 (4) of the statutes is amended to read:

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146.81 (4) "Patient health care records" means all records related to the health
of a patient prepared by or under the supervision of a health care provider, including
the records required under s. 146.82 (2) (d) and (3) (e), but not those records subject
to s. 51.30, reports collected under s. 69.186, records of tests administered under s.
252.15(2)(a)7., 343.305, 938.296(4)or(5)or968.38(4)or(5), recordsrelatedtosales
of pseudoephedrine products, as defined in s. 961.01 (20c), that are maintained by
pharmacies under s. 961.235, fetal monitor tracings, as defined under s. 146.817 (1) ,
or a pupil's physical health records maintained by a school under s. 118.125. "Patient
health care records" also includes health summary forms prepared under s. 302.388
(2).
Section 6. 146.82 (2) (b) of the statutes is repealed.

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- 12 **SECTION 7.** 146.82 (2) (d) of the statutes is repealed.
 - **SECTION 8.** 146.82 (3) (c) of the statutes is repealed.
- 14 **Section 9.** 146.82 (4) of the statutes is created to read:
- 15 146.82 (4) Release of health information to certain persons. (a) In this 16 subsection:
 - 1. "Health information" has the meaning given in 45 CFR 160.103.
 - 2. "Immediate family" has the meaning given in s. 350.01 (8m).
 - 3. "Incapacitated" has the meaning given in s. 50.94 (1) (b).
 - (b) Notwithstanding sub. (1), a health care provider may release a portion of a patient's health information, but not copies of any of the patient's patient health care records, to the following, under the following circumstances:
 - 1. Any person, if the patient or a person authorized by the patient is not incapacitated, is physically available, and agrees to the release of the patient's health information.

1	2. Any of the following, as applicable, if the patient and person authorized by
2	the patient are incapacitated or are not physically available, or if an emergency
3	makes it impracticable to obtain an agreement from the patient or from the person
4	authorized by the patient, and if the health care provider determines, in the exercise
5	of his or her professional judgment, that release of the patient's health information
6	is in the best interest of the patient:
7	a. A member of the patient's immediate family, another relative of the patient,
8	a close personal friend of the patient, or an individual identified by the patient, those
9	portions of the patient's health information that are directly relevant to the
10	involvement by the member, relative, friend, or individual in the patient's care.
11	b. Any person, those portions of the patient's health information that are
12	necessary to identify, locate, or notify a member of the patient's immediate family or
13	another person that is responsible for the care of the patient concerning the patient's
14	location, general condition, or death.
15	SECTION 10. 146.82 (5) of the statutes is created to read:
16	146.82 (5) Redisclosure. (a) In this subsection, "covered entity" has the
17	meaning given in 45 CFR 160.103.
18	(b) Notwithstanding sub. (1) and except as provided in s. 610.70 (5), a covered
19	entity may redisclose a patient's patient health care record it receives under this
20	section without consent by the patient or person authorized by the patient if the
21	redisclosure is made for a purpose for which a release of the patient health care
22	record is otherwise permitted under this section. Carelase
23	(c) Notwithstanding sub. (1), an entity that is not a covered entity may
24	redisclose a patient's patient health care record it receives under this section only

under one of the following circumstances:

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1	1. The patient or a person authorized by the patient provides informed consent
2	for the redisclosure.
(3)	2. A court orders the redisclosure.
4	3. The redisclosure is limited to the purpose for which the patient health care
5	record was initially received.
6	SECTION 11. 655.275 (8) of the statutes is amended to read:
7	655.275 (8) Patient records. The council may obtain any information relating
8	to any claim it reviews under this section that is in the possession of the
9	commissioner or the board of governors. The council shall keep patient health care
10	information records confidential as required by s. 146.82 (2) (b)
11	SECTION 12. Effective dates. This act takes effect on the day after publication,
12	except as follows:
13	(1) TREATMENT RECORDS. The treatment of section 51.30 (4) (b) 8g. (intro.), a.,
14	am., and b. of the statutes takes effect on the first day of the 7th month beginning
15	after publication, or on January 1, 2009, whichever is earlier.

(END)

STATE OF WISCONSIN – LEGISLATIVE REFERENCE BUREAU

LRB

Research (608-266-0341)

Library (608–266–7040) Legal (608–266–3561)

LRB

4/1/08 From Beth De Lair
Dute def 13 "health info" p. 4, l. 17 (3) p. 4, l. 21 - ch h; to pt heth + p5, l. 5
Change 146.82(4) accordingly No other changes at this time



TODAY 1:00p.m., if possible

State of Misconsin 2007 - 2008 LEGISLATURE

LRB-3672/8 4 DAK:cjs:nwn

2007 BILL

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 $AN\ ACT\ \textit{to repeal}\ 51.30\ (4)\ (b)\ 8g.\ a.,\ 51.30\ (4)\ (b)\ 8g.\ b.,\ 146.82\ (2)\ (b),\ 146.82\ (2)$

(d) and 146.82 (3) (c); to renumber and amend 51.30 (4) (b) 8g. (intro.); to

amend 146.81 (4) and 655.275 (8); and to create 51.30 (4) (b) 8g. am., 146.82

(4) and 146.82 (5) of the statutes; **relating to:** treatment records and patient

health care records.

Analysis by the Legislative Reference Bureau

Under current law, certain records related to the health of a patient that are prepared by or under the supervision of a health care provider (patient health care records) are confidential and may be released only with the written consent of the patient or of a person authorized by the patient. This consent (informed consent) must detail the patient's name; the type of information to be disclosed; the types of health care providers making the disclosure; the purpose of the disclosure; the individual or entity to which disclosure may be made; the patient's signature or that of the person authorized by the patient; the date of signature; and the time period during which the consent is effective. Current law has numerous exceptions to the confidentiality requirements that permit access to patient health care records without the informed consent of the patient or of a person authorized by the patient. A health care provider must record the name of the person or agency that receives access, the date and time of the release, and the identification of the patient health care records released. However, redisclosure of information obtained under one of the exceptions is prohibited, unless authorized by a court or under an insurance

a portion, but not a copy, a patient health care Record

transaction that authorizes the disclosure of personal medical information about an individual to an insurer.

This bill eliminates current restrictions on redisclosure of a patient health care record that is obtained under one of the exceptions to the requirements of confidentiality. The bill, instead, authorizes the redisclosure of a patient health care record, if made by a covered entity (as defined in the bill) for a purpose for which a release is otherwise permitted. The bill authorizes an entity that is not a covered entity to redisclose a patient health care record only if the patient or a person authorized by the patient provides informed consent, a court of record orders the redisclosure, or the redisclosure is limited to the purpose for which the patient health care record was initially received.

The bill permits a health care provider to release, without informed consent, some of a patient's health care information, but not the patient health care record, as follows:

1. If the patient or a person authorized by the patient is not incapacitated, is physically available, and agrees to the release, to anyone.

2. If the patient and the person authorized by the patient are incapacitated or not physically available or if an emergency makes it impracticable to obtain agreement from the patient or person, and if the health care provider determines that release is in the best interest of the patient, to (1) a member of the patient's immediate family, another relative, a close personal friend, or an individual identified by the patient, that health care information that is directly relevant to involvement by the person in the patient's care; or (2) any person, if necessary to identify, locate, or notify a member of the patient's immediate family or another person concerning the patient's location, general condition, or death.

Under current law, records that are created in the course of providing services to individuals for mental illness, developmental disabilities, alcoholism, or drug dependence (treatment records) are confidential and may be released only with the informed consent of the individual. The requirements for the informed consent are similar to the informed consent requirements for patient health care records. However, the confidentiality requirements for treatment records have numerous exceptions that permit access without informed consent. One of these exceptions is for release of treatment records to a health care provider in a related health care entity, or any person acting under the supervision of the health care provider who is involved with the individual's care, if necessary for the individual's current treatment. Information that may be released under this exception is limited to the individual's name, address and date of birth; the individual's treatment provider; the date of service provided; the individual's medications, allergies, and diagnosis; and other relevant demographic information necessary for the individual's current treatment.

This bill changes the exception to the confidentiality requirements for treatment records to allow access by any health care provider or person acting under the supervision of the health care provider who is involved with an individual's care, if necessary for the individual's current treatment. The bill expands information

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that may be released under the exception to include diagnostic test results, as defined in the bill, and symptoms.

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 51.30 (4) (b) 8g. (intro.) of the statutes is renumbered 51.30 (4) (b) 8g. bm. and amended to read:

51.30 (4) (b) 8g. bm. To health care providers in a related health care entity, a health care provider, or to any person acting under the supervision of such a- the health care provider who is involved with an individual's care, if necessary for the current treatment of the individual. Information that may be released under this subdivision is limited to the individual's name, address, and date of birth; the name of the individual's mental health treatment provider of services for mental illness, developmental disability, alcoholism, or drug dependence; the date of mental health service any of those services provided; the individual's medications, allergies, and diagnosis, diagnostic test results, and symptoms; and other relevant demographic information necessary for the current treatment of the individual. In this subdivision, "related health care entity" means one of the following:

Section 2. 51.30 (4) (b) 8g. a. of the statutes is repealed.

Section 3. 51.30 (4) (b) 8g. am. of the statutes is created to read:

51.30 (4) (b) 8g. am. In this subdivision, "diagnostic test results" means the results of clinical testing of biological parameters, but does not mean the results of psychological or neuropsychological testing.

Section 4. 51.30 (4) (b) 8g. b. of the statutes is repealed.

SECTION 5. 146.81 (4) of the statutes is amended to read:

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146.81 (4) "Patient health care records" means all records related to the health 1 2 of a patient prepared by or under the supervision of a health care provider, including 3 the records required under s. 146.82 (2) (d) and (3) (c), but not those records subject to s. 51.30, reports collected under s. 69.186, records of tests administered under s. 4 252.15(2)(a) 7., 343.305, 938.296(4) or (5) or 968.38(4) or (5), records related to sales 5 6 of pseudoephedrine products, as defined in s. 961.01 (20c), that are maintained by 7 pharmacies under s. 961.235, fetal monitor tracings, as defined under s. 146.817 (1), 8 or a pupil's physical health records maintained by a school under s. 118.125. "Patient 9 health care records" also includes health summary forms prepared under s. 302.388 10 (2).**Section 6.** 146.82 (2) (b) of the statutes is repealed. 11 12 **Section 7.** 146.82 (2) (d) of the statutes is repealed. 13 **Section 8.** 146.82 (3) (c) of the statutes is repealed. 14 **Section 9.** 146.82 (4) of the statutes is created to read: 15 146.82 (4) Release of heading information to certain persons. (a) In this 16 subsection: 17 1. "Health information" has the meaning given in 45 CFR 160.103.

(18)"Immediate family" has the meaning given in s. 350.01 (8m).

19 "Incapacitated" has the meaning given in s. 50.94 (1) (b).

> (b) Notwithstanding sub. (1), a health care provider may release a portion of a patient's health information, but not copies of any of the patient health care records to the following, under the following circumstances:

> 1. Any person, if the patient or a person authorized by the patient is not incapacitated, is physically available, and agrees to the release of the patient's health care record information.

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Of a portion

2. Any of the following, as applicable,\if the patient and person authorized by
the patient are incapacitated or are not physically available, or if an emergency
makes it impracticable to obtain an agreement from the patient or from the person
authorized by the patient, and if the health care provider determines, in the exercise
of his or her professional judgment, that release of the patients health information
is in the best interest of the patient:
a. A member of the patient's immediate family, another relative of the patient,

- a close personal friend of the patient, or an individual identified by the patient, those portions of the patient health information that are directly relevant to the involvement by the member, relative, friend, or individual in the patient's care.
- b. Any person, those portions of the patient health information that are necessary to identify, locate, or notify a member of the patient's immediate family or another person that is responsible for the care of the patient concerning the patient's location, general condition, or death.
 - **SECTION 10.** 146.82 (5) of the statutes is created to read:
- 146.82 (5) REDISCLOSURE. (a) In this subsection, "covered entity" has the meaning given in 45 CFR 160.103.
- (b) Notwithstanding sub. (1) and except as provided in s. 610.70 (5), a covered entity may redisclose a patient health care record it receives under this section without consent by the patient or person authorized by the patient if the redisclosure of the patient health care record is a release permitted under this section.
- (c) Notwithstanding sub. (1), an entity that is not a covered entity may redisclose a patient health care record it receives under this section only under one of the following circumstances:

1. The patient or a person authorized by the patient provides informed consent
for the redisclosure.
2. A court of record orders the redisclosure.
3. The redisclosure is limited to the purpose for which the patient health care
record was initially received.
SECTION 11. 655.275 (8) of the statutes is amended to read:
655.275 (8) Patient records. The council may obtain any information relating
to any claim it reviews under this section that is in the possession of the
commissioner or the board of governors. The council shall keep patient health care
information records confidential as required by s. 146.82 (2) (b).
SECTION 12. Effective dates. This act takes effect on the day after publication,
except as follows:
(1) TREATMENT RECORDS. The treatment of section 51.30 (4) (b) 8g. (intro.), a.,
am and h of the statutes takes effect on the first day of the 7th month beginning

(END)

after publication, or on January 1, 2009, whichever is earlier.

STATE OF WISCONSIN – **LEGISLATIVE REFERENCE BUREAU** – LEGAL SECTION (608–266–3561)

2/7/08
From Cheryl Mª Deguham
14682(4) change "of heth care record" in (b) 1. + 2. a. + b. to "that portion"
in (b) 1. + 2. a. + b. to that portion
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State of Misconsin 2007 - 2008 LEGISLATURE

LRB-3672/4 5 DAK:cjs:pg



2007 BILL



health care records.

AN ACT to repeal 51.30 (4) (b) 8g. a., 51.30 (4) (b) 8g. b., 146.82 (2) (b), 146.82 (2)

(d) and 146.82 (3) (c); to renumber and amend 51.30 (4) (b) 8g. (intro.); to

amend 146.81 (4) and 655.275 (8); and to create 51.30 (4) (b) 8g. am., 146.82

(4) and 146.82 (5) of the statutes; relating to: treatment records and patient

Analysis by the Legislative Reference Bureau

Under current law, certain records related to the health of a patient that are prepared by or under the supervision of a health care provider (patient health care records) are confidential and may be released only with the written consent of the patient or of a person authorized by the patient. This consent (informed consent) must detail the patient's name; the type of information to be disclosed; the types of health care providers making the disclosure; the purpose of the disclosure; the individual or entity to which disclosure may be made; the patient's signature or that of the person authorized by the patient; the date of signature; and the time period during which the consent is effective. Current law has numerous exceptions to the confidentiality requirements that permit access to patient health care records without the informed consent of the patient or of a person authorized by the patient. A health care provider must record the name of the person or agency that receives access, the date and time of the release, and the identification of the patient health care records released. However, redisclosure of information obtained under one of the exceptions is prohibited, unless authorized by a court or under an insurance

that portion of the patient health cade record that is

transaction that authorizes the disclosure of personal medical information about an individual to an insurer.

This bill eliminates current restrictions on redisclosure of a patient health care record that is obtained under one of the exceptions to the requirements of confidentiality. The bill, instead, authorizes the redisclosure of a patient health care record, if made by a covered entity (as defined in the bill) for a purpose for which a release is otherwise permitted. The bill authorizes an entity that is not a covered entity to redisclose a patient health care record only if the patient or a person authorized by the patient provides informed consent, a court of record orders the redisclosure, or the redisclosure is limited to the purpose for which the patient health care record was initially received.

The bill permits a health care provider to release, without informed consent, a portion, but not a copy, of a patient health care record, as follows:

1. If the patient or a person authorized by the patient is not incapacitated, is physically available, and agrees to the releases to anyone.

2. If the patient and the person authorized by the patient are incapacitated or not physically available or if an emergency makes it impracticable to obtain agreement from the patient or person, and if the health care provider determines that release is in the best interest of the patient, to (1) a member of the patient's immediate family, another relative, a close personal friend, or an individual identified by the patient, that portion of the patient health care record that is directly relevant to involvement by the person in the patient's care; or (2) any person, is necessary to identify, locate, or notify a member of the patient's immediate family or another person concerning the patient's location, general condition, or death.

Under current law, records that are created in the course of providing services to individuals for mental illness, developmental disabilities, alcoholism, or drug dependence (treatment records) are confidential and may be released only with the informed consent of the individual. The requirements for the informed consent are similar to the informed consent requirements for patient health care records. However, the confidentiality requirements for treatment records have numerous exceptions that permit access without informed consent. One of these exceptions is for release of treatment records to a health care provider in a related health care entity, or any person acting under the supervision of the health care provider who is involved with the individual's care, if necessary for the individual's current treatment. Information that may be released under this exception is limited to the individual's name, address and date of birth; the individual's treatment provider; the date of service provided; the individual's medications, allergies, and diagnosis; and other relevant demographic information necessary for the individual's current treatment.

This bill changes the exception to the confidentiality requirements for treatment records to allow access by any health care provider or person acting under the supervision of the health care provider who is involved with an individual's care, if necessary for the individual's current treatment. The bill expands information that may be released under the exception to include diagnostic test results, as defined in the bill, and symptoms.

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 51.30 (4) (b) 8g. (intro.) of the statutes is renumbered 51.30 (4) (b) 8g. bm. and amended to read:

51.30 (4) (b) 8g. bm. To health care providers in a related health care entity, a health care provider, or to any person acting under the supervision of such a the health care provider who is involved with an individual's care, if necessary for the current treatment of the individual. Information that may be released under this subdivision is limited to the individual's name, address, and date of birth; the name of the individual's mental health treatment provider of services for mental illness, developmental disability, alcoholism, or drug dependence; the date of mental health service any of those services provided; the individual's medications, allergies, and diagnosis, diagnostic test results, and symptoms; and other relevant demographic information necessary for the current treatment of the individual. In this subdivision, "related health care entity" means one of the following:

SECTION 2. 51.30 (4) (b) 8g. a. of the statutes is repealed.

Section 3. 51.30(4)(b) 8g. am. of the statutes is created to read:

51.30 (4) (b) 8g. am. In this subdivision, "diagnostic test results" means the results of clinical testing of biological parameters, but does not mean the results of psychological or neuropsychological testing.

Section 4. 51.30 (4) (b) 8g. b. of the statutes is repealed.

SECTION 5. 146.81 (4) of the statutes is amended to read:

146.81 (4) "Patient health care records" means all records related to the health
of a patient prepared by or under the supervision of a health care provider, including
the records required under s. 146.82 (2) (d) and (3) (e), but not those records subject
to s. 51.30, reports collected under s. 69.186, records of tests administered under s.
252.15(2)(a)7., 343.305, 938.296(4)or(5)or968.38(4)or(5), recordsrelatedtosales
of pseudoephedrine products, as defined in s. 961.01 (20c), that are maintained by
pharmacies under s. 961.235, fetal monitor tracings, as defined under s. 146.817 (1),
or a pupil's physical health records maintained by a school under s. 118.125. "Patient
health care records" also includes health summary forms prepared under s. 302.388
(2).
SECTION 6. 146.82 (2) (b) of the statutes is repealed.
SECTION 7. 146.82 (2) (d) of the statutes is repealed.
SECTION 8. 146.82 (3) (c) of the statutes is repealed.
SECTION 9. 146.82 (4) of the statutes is created to read:
146.82 (4) Release of a portion of a record to certain persons. (a) In this
subsection:
1. "Immediate family" has the meaning given in s. 350.01 (8m).
2. "Incapacitated" has the meaning given in s. 50.94 (1) (b).
(b) Notwithstanding sub. (1), a health care provider may release a portion, but
not a copy, of a patient health care record, to the following, under the following
not a copy, of a patient health care record, to the following, under the following circumstances:

incapacitated, is physically available, and agrees to the release of the patient health

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of the following circumstances:

2. Any of the following, as applicable, if the patient and person authorized by
the patient are incapacitated or are not physically available, or if an emergency
makes it impracticable to obtain an agreement from the patient or from the person
authorized by the patient, and if the health care provider determines, in the exercise
of his or her professional judgment, that release of a portion of the patient health care
record is in the best interest of the patient:
a. A member of the patient's immediate family, another relative of the patient,
a close personal friend of the patient, or an individual identified by the patient, those portions of the patient health care record that are directly relevant to the
b. Any person, those portions of the patient health care record that are
necessary to identify, locate, or notify a member of the patient's immediate family or
another person that is responsible for the care of the patient concerning the patient's
location, general condition, or death.
SECTION 10. 146.82 (5) of the statutes is created to read:
146.82 (5) Redisclosure. (a) In this subsection, "covered entity" has the
meaning given in 45 CFR 160.103.
(b) Notwithstanding sub. (1) and except as provided in s. 610.70 (5), a covered
entity may redisclose a patient health care record it receives under this section
without consent by the patient or person authorized by the patient if the redisclosure
of the patient health care record is a release permitted under this section.
(c) Notwithstanding sub. (1), an entity that is not a covered entity may

redisclose a patient health care record it receives under this section only under one

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1	1. The patient or a person authorized by the patient provides informed consent
2	for the redisclosure.
3	2. A court of record orders the redisclosure.
4	3. The redisclosure is limited to the purpose for which the patient health care
5	record was initially received.
6	SECTION 11. 655.275 (8) of the statutes is amended to read:
7	655.275 (8) PATIENT RECORDS. The council may obtain any information relating
8	to any claim it reviews under this section that is in the possession of the
9	commissioner or the board of governors. The council shall keep patient health care
10	information records confidential as required by s. 146.82 (2) (b).
11	SECTION 12. Effective dates. This act takes effect on the day after publication,
12	except as follows:
13	(1) Treatment records. The treatment of section 51.30 (4) (b) 8g. (intro.), a.,
14	am., and b. of the statutes takes effect on the first day of the 7th month beginning

(END)

after publication, or on January 1, 2009, whichever is earlier.

Basford, Sarah

From: Sent: Katie Plona [PlonaKP@dhfs.state.wi.us] Thursday, February 07, 2008 4:01 PM

To:

LRB.Legal

Subject:

Jacketing LRB 3672/5

This email is to request that LRB 3672/5 be jacketed for Rep.Moulton and sent to his office.

Please let me know if there are any questions about this request.

Also, can someone please confirm that you received this email.

Thank you,

Katie

Katie Plona Legislative Liaison Department of Health and Family Services (608) 266-3262 plonakp@dhfs.state.wi.us